

10

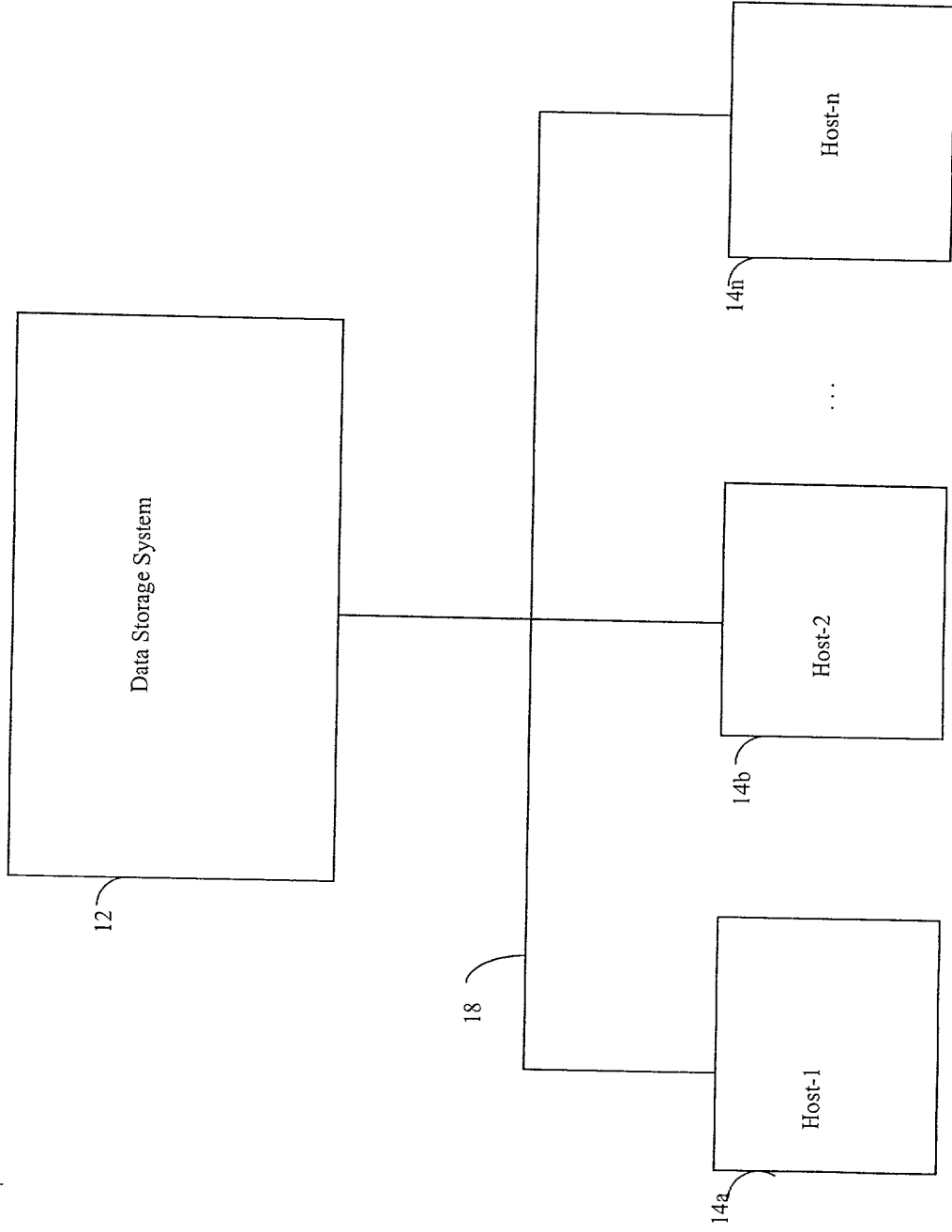


FIGURE 1

FIG. 1 is a block diagram of a system 100. The system 100 includes a user interface module 110, a communication module 120, and a user input/output module 130. The user interface module 110 is connected to the communication module 120 and the user input/output module 130. The communication module 120 is connected to the user input/output module 130. The user input/output module 130 is connected to the user interface module 110.

14a

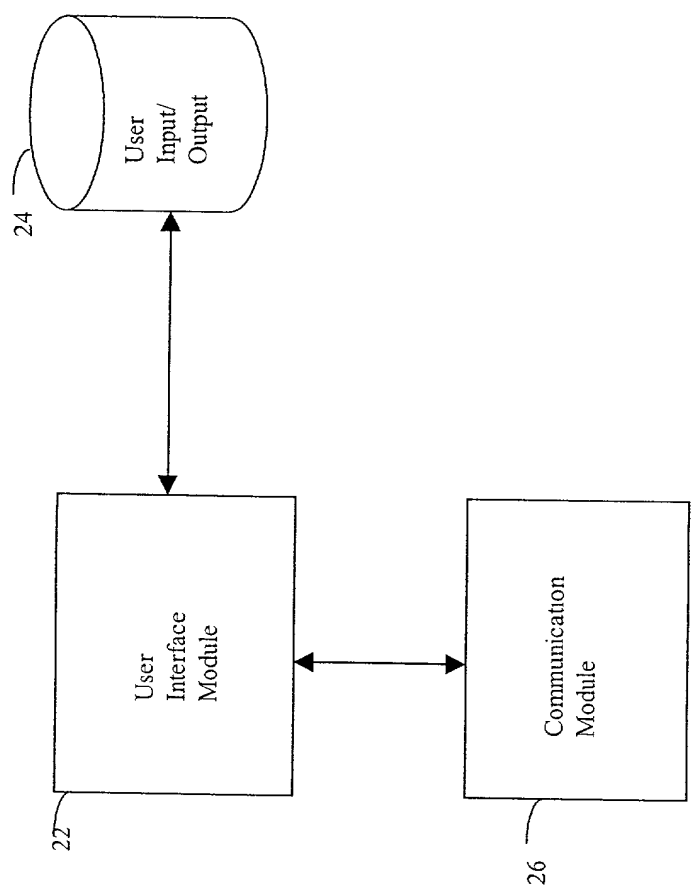


FIGURE 2

FIG. 3 is a block diagram of a system 12 for processing insurance claims. The system 12 includes a communication module 30, an input processing and interface module 32, an administrative and maintenance module 34, an unearned premium module 36, a claim processing module 38, an assessment module 40, a reporting module 42, and a database files 44. The communication module 30 is connected to the input processing and interface module 32. The input processing and interface module 32 is connected to the administrative and maintenance module 34, the unearned premium module 36, the claim processing module 38, the assessment module 40, and the reporting module 42. The administrative and maintenance module 34, the unearned premium module 36, the claim processing module 38, the assessment module 40, and the reporting module 42 are all connected to the database files 44.

12

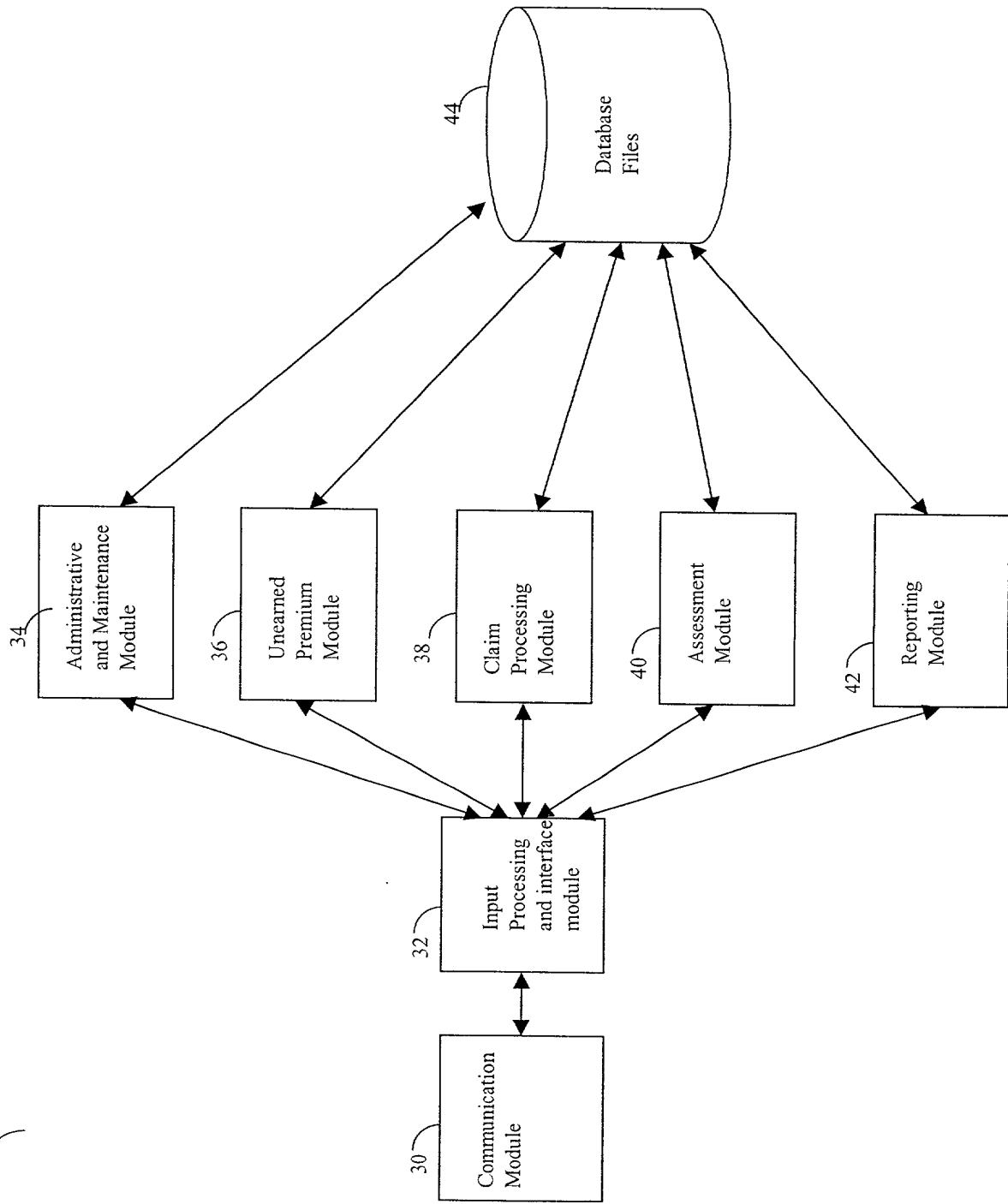


FIGURE 3

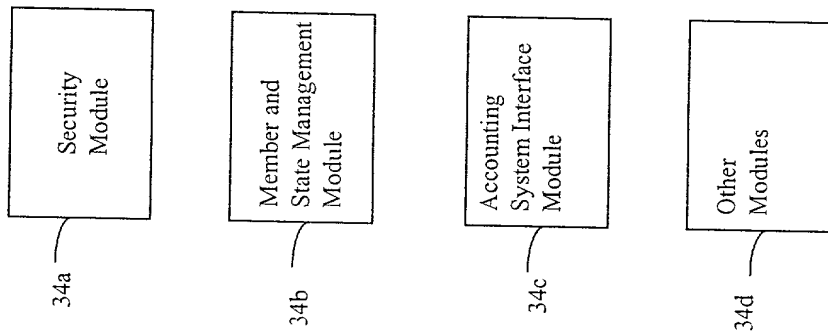


FIGURE 4

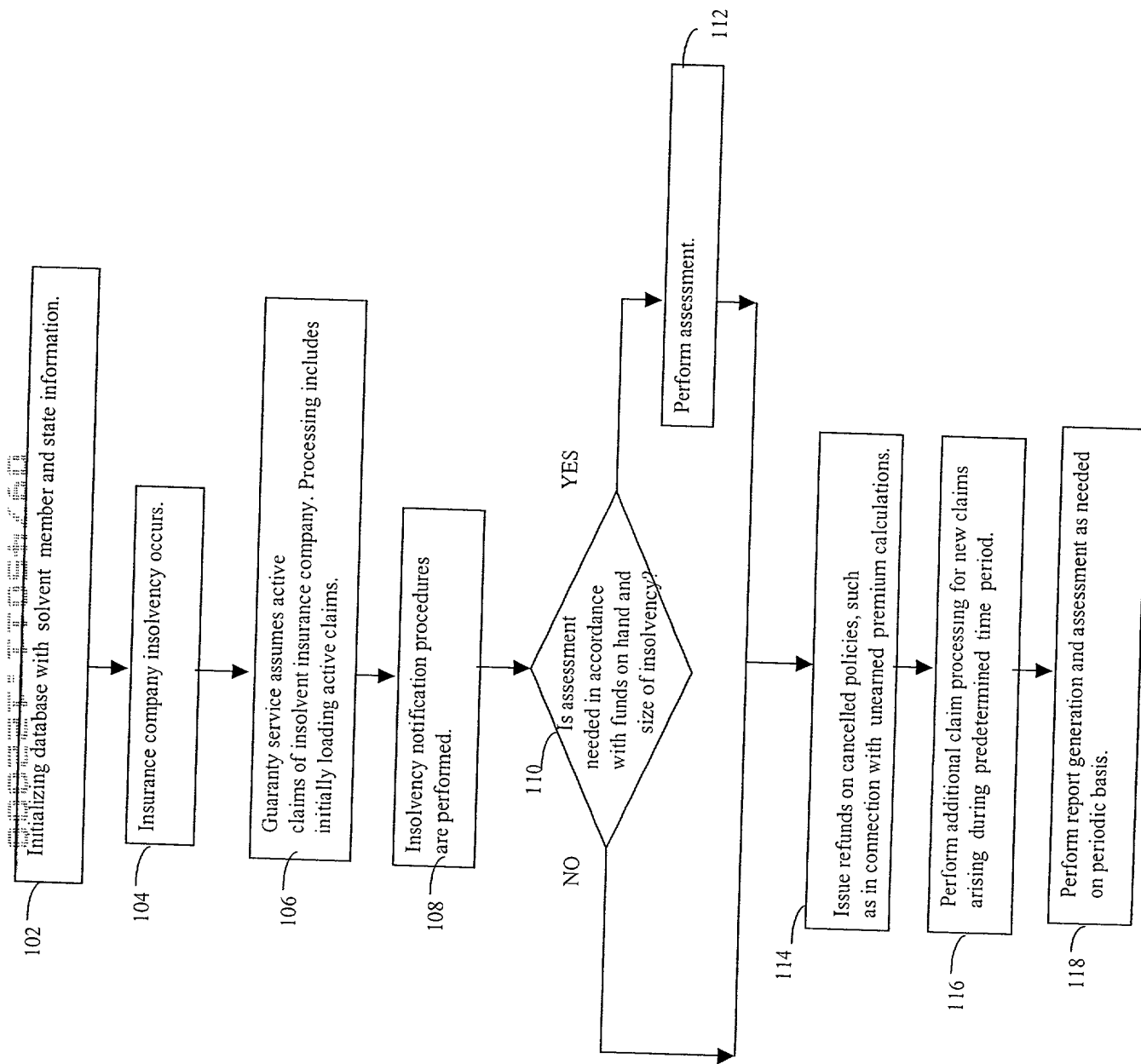


FIGURE 5

Printer Setup...

Exit

FIGURE 6

FILE EDIT VIEW TOOLBOX

200

133

STAPS

File Edit View Window Help
Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help

1550

Claims Search... Ctrl+L

Claims New... Ctrl+N

1550

Claims Search... Ctrl+L

Claims New... Ctrl+N

STAPS

151

FILED 11-20-00

11/20/00 11:35 AM

Status

File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help



3 Claim Detail

State Fund: Claim Number: Type: Claim

Insolvency: GFMS Number: Status: Open

Policy Number: Date of Loss: Status Reason:

Insured: First Name: MI: Last Name: Status Change Date: 12/08/2008

D/B/A or Company: Closed Status Approval ID:

☐ Blocked ☐ Read Notes

Policy

Insured:

Street 1:

Street 2:

Street 3:

City: State:

Zip Code:

Telephone: Ext:

Fax:

Email:

Claimant

Agent:

Inception Date: Termination Date:

Policy Level: Excess of:

Policy Limits:

☐ Single ☐ Split ☐ per person ☐ per occurrence

New Search Totals Notes Diary Payment Delete Print Save Close

1105460 713

Abstract

100

Claim Search		Policy Search	
State Fund	Insolvency	State Fund	Insolvency
Policy Number	Policy Number	Policy Number	Policy Number
Insured	Insured	Insured	Insured
First Name	First Name	First Name	First Name
D/B/A or Company	D/B/A or Company	D/B/A or Company	D/B/A or Company
Claimant	Claimant	Claimant	Claimant
First Name	First Name	First Name	First Name
MI	MI	MI	MI
Last Name	Last Name	Last Name	Last Name
Policy Number	Policy Number	Policy Number	Policy Number
Related Claim Number	Related Claim Number	Related Claim Number	Related Claim Number
Liquidator's Claim Number	Liquidator's Claim Number	Liquidator's Claim Number	Liquidator's Claim Number
Date of Loss	Date of Loss	Date of Loss	Date of Loss
GFMS Number	GFMS Number	GFMS Number	GFMS Number
Insolvency	Insolvency	Insolvency	Insolvency
State Fund	State Fund	State Fund	State Fund
Quick Search	Quick Search	Quick Search	Quick Search
Search	Search	Search	Search
Close	Close	Close	Close

Figure 7B



Unearned Premium Policy Detail

State Fund

Insolvency

UP Policy Number

Insured

Insured #1 - First Name

MI

Last Name

Insured #2 - First Name

MI

Last Name

D/B/A or Company

Policy

Policy Information

Inception Date

Billing Type

Termination Date

Auditable

Cancellation Date

Agent

UP Handler

Entered By

File Location

File Location Date

Status

Status Reason

Status Change Date

New

Search

Notes

Draw

Delete

Print

Save

Close



Unearned Premium Policy Detail

State Fund:
Insolvency:
UP Policy Number:

Insured:
Insured #1 - First Name: MI: Last Name:
Insured #2 - First Name: MI: Last Name:
D/B/A or Company:

2000 2260

Policy: Insured:
Street 1: Street 2: Street 3:
City: State: Zip Code:
Proof of Claim: Waived
Proof of Claim #:
Optional or Additional Payee: Type:
Name: Street 1: Street 2: Street 3:
City: State: Zip Code:
New Search Notes Diary Print Delete Save Close

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help

Unearned Premium Policy Detail

State Fund:

Insolvency:

UP Policy Number:

Insured:

Insured #1 - First Name: MI: Last Name:

Insured #2 - First Name: MI: Last Name:

D/B/A or Company:

2224

226C 226d

226C 226d

Policy

Insured

Premium Calculation

Payment History

Line of Insurance:

Total Premium: 2500

Premium Paid: 2500

Gross Unearned Premium: 2500

Remaining Deductible:

Payments Issued:

Override Amount: 2500

Unearned Premium to be Paid:

Reserve:

State Deductible:

State Cap:

Deductible Applied:

Pending Amount:

Pay:

Non - Payment Letter:

Payments Issued Letter:

New

Search

Notes

Diary

Delete

Print

Save

Close

170-4175 9.11

08/14/1989 08:00 PM 256100



Unearned Premium Policy Detail

State Fund: MA - Massachusetts Insurers Insolvency Fund *224*

Insolvency: 143 - AMERICAN MUTUAL INSURANCE OF BOSTON *2240*

UP Policy Number: C240362018 *2240*

Insured:

| | | | |
|--------------------------|----|------------|---------------------------------|
| Insured #1 - First Name: | MI | Last Name: | SMITKUMAR B KADAKIA <i>2240</i> |
| Insured #2 - First Name: | MI | Last Name: | |

D/B/A or Company: SMITKUMAR B KADAKIA *2260*

| Policy | | Insured | | Premium Calculation | | Payment History | |
|------------|----------|-----------------------------|---------|---------------------|--------|-----------------|------------|
| Date | Amount | Payee/Description | Check # | Status | Reason | UP Handler | Entered By |
| 08/14/1989 | \$293.00 | PAYMENT REVERSED ON 11/23/ | 34146 | REVERSED | | DA1 | DA1 |
| 01/24/1991 | \$0.00 | SMITKUMAR B KADAKIA - SMITI | | RECOVERY | OTHREC | | |

2260

2240 *2240* *2240*

Reverse Recovery Delete

FIGURE 8F



Unearned Premium Policy Detail

Diary Detail

State Fund:
Insolvency:
UP Policy Number:
Insured:
Insured #1 - First:
Insured #2 - First:
D/B/A or Company:

Massachusetts Insurers Insolvency Fund
AMERICAN MUTUAL INSURANCE OF BOSTON
C240362018
SMITHKUMAR B KADAKIA
SMITHKUMAR B KADAKIA

Policy Number:

Insured:

Claimant:

Claim Number:

Date of Loss:

User ID:

Diary Date:

Comments:

162

12/08/2000

New Unearned Premium

Reviewer ID:

Review Date:

01/22/2001

Number of Days:

01

History

Document Letter

Issued Letter

Close

Diary History List:

| Diary Date | Review Date | Comments |
|------------|-------------|----------|
| | | |

Save

Cancel





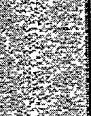









New

2/2/2000 10:00 AM C:\Program Files\CAAPS\CAAPS.exe




2/2/20




CAAPS

File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help

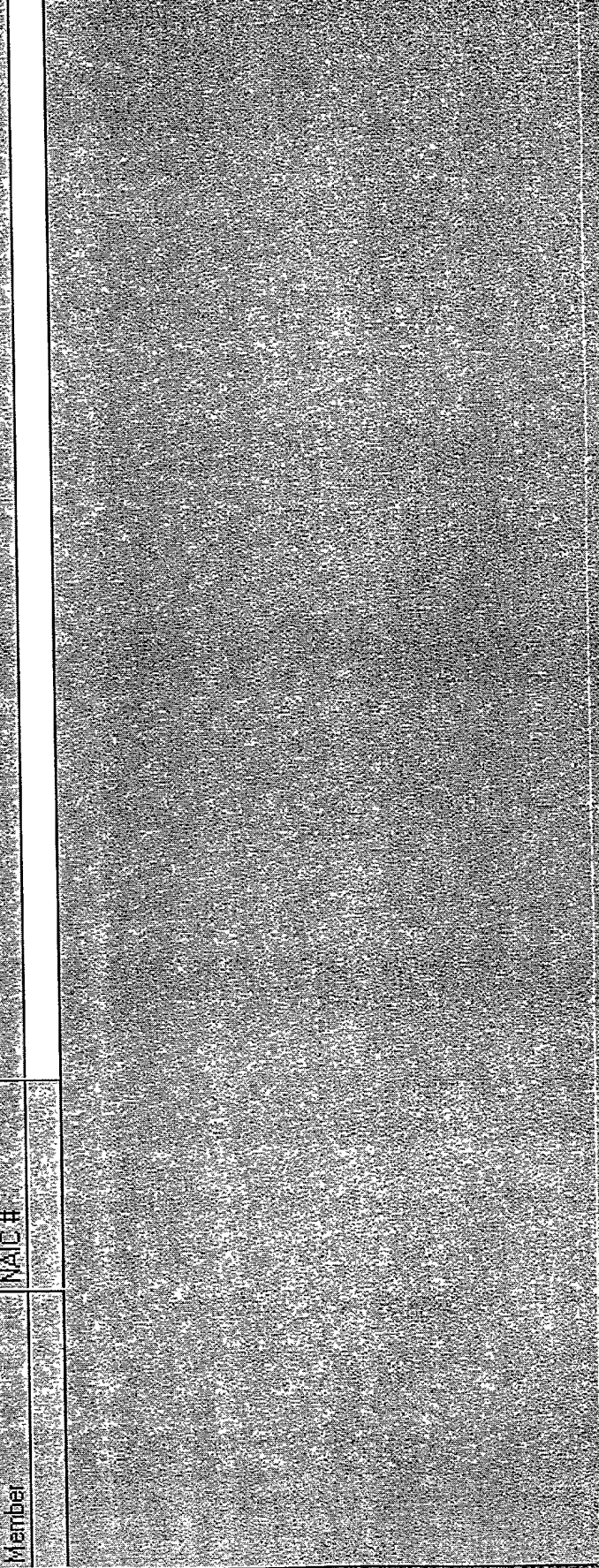


Premium Summary

State Fund:  Year:  Insolvency Date: 

Member Find: NAIC #:  Find  Status: 

Premium Subtotals

| Member | NAIC # |
|---|--------|
|  | |

Premium Detail

Add Premium

Delete Premium

Insolvency Dates

Calculate State Law

Close

FILE 107 913



Individual Assessment Search

State Fund:

Insolvency:

Insurance Account:

Kind:

Type:

Assessment Date:

Premium Base Year:

Status:

Reversal: ☐

Include Adjustments: ☐

| Access Date | State Fund | Insolvency | Acct | Kind | Type | Amount | Base Year | Status | Reversal |
|-------------|------------|------------|------|------|------|--------|-----------|--------|----------|
|-------------|------------|------------|------|------|------|--------|-----------|--------|----------|

Search New Delete Select Close







Figure 9C

000231 11/2/00

156



File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help



Member Search Ctrl+M ~ 1560

New Member Ctrl+B ~ 1580

State Fund Ctrl-T ~ 1530

FIGURE A

[illegible]

160

SCAPS

File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help



Check Processing

Corrections

GL Interface Processing

1099

1600

1600

1600

1600

Figure 11

12/08/2000

11:37 AM

3/16

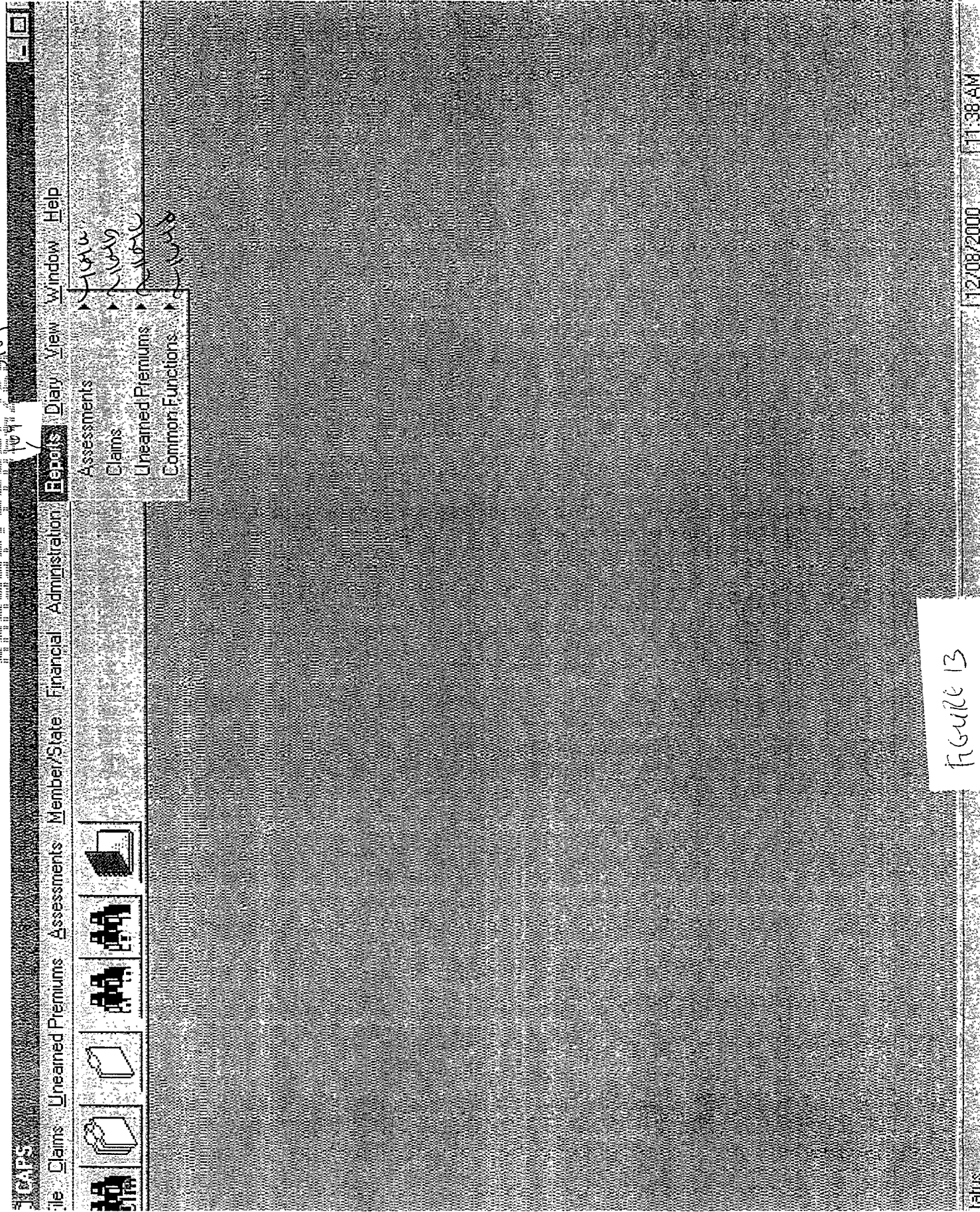


Figure 13



Change Password

User ID: JS2

Old Password: 123456

New Password: 123456

Confirm New Password: 123456

Cancel OK

10/12/05 15

Figure 16



Assign Roles

User Name: Amigo, Denise 3300

Available User Roles:

- Accounting Clerk
- Accounting Manager
- Claims Assistant Manager
- Claims Clerk
- Senior Claim Clerk
- Unearned Premiums Clerk
- UNKNOWN

Assigned User Roles:

- Claims Handler
- Claims Manager
- Unearned Premiums Handler
- Unearned Premiums Manager

3300

3300

3300

Save Cancel

FIGURE 12

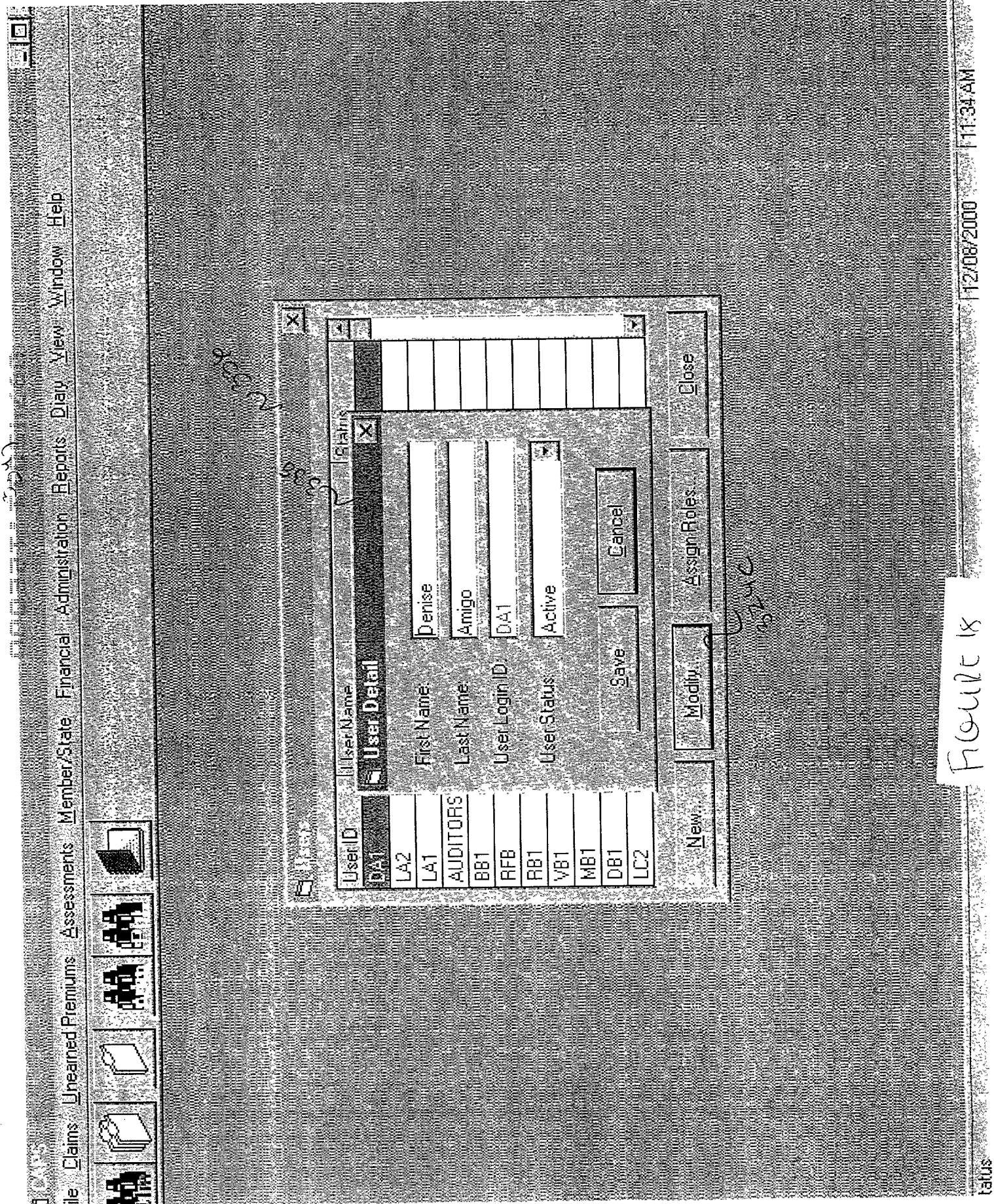


Figure 18

FIG. 19 is a block diagram of a system 400 for processing financial data. The system 400 includes a CAPS module 402, a General Ledger (GL) Entry Data module 408, an Accounting System module 404, and an Other System(s) module 406. The CAPS module 402 is connected to the General Ledger (GL) Entry Data module 408, which in turn is connected to the Accounting System module 404. The CAPS module 402 is also connected to an Other Data File(s) module 410, which is connected to the Other System(s) module 406.

400

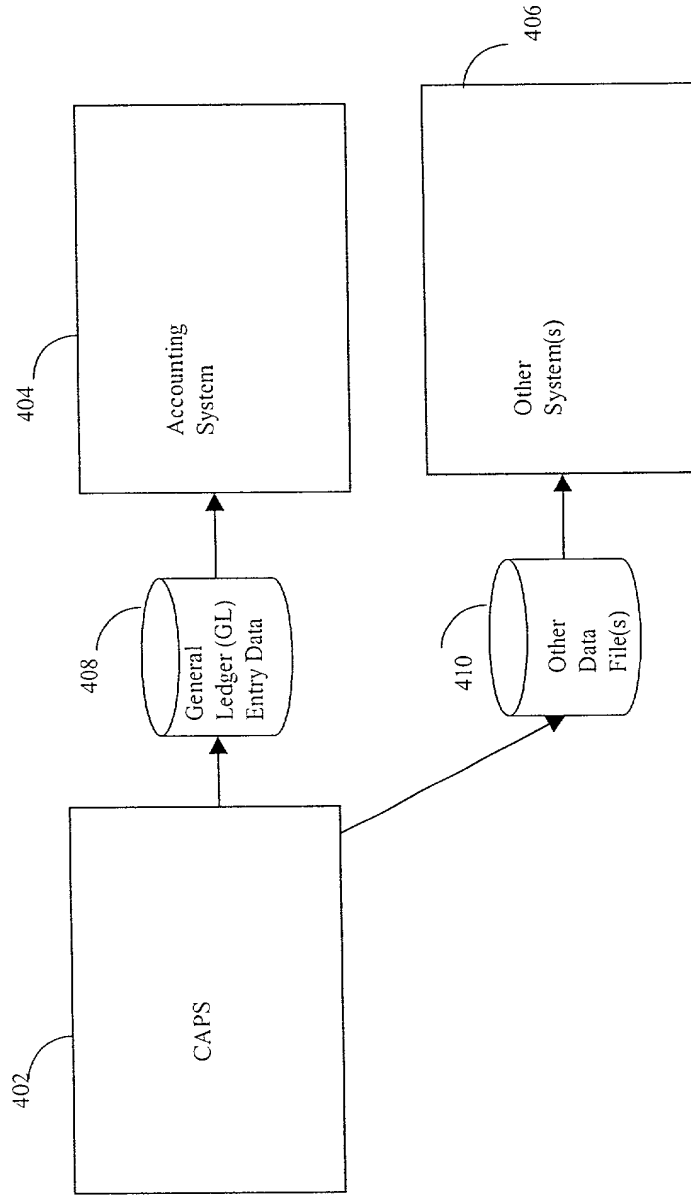


FIGURE 19

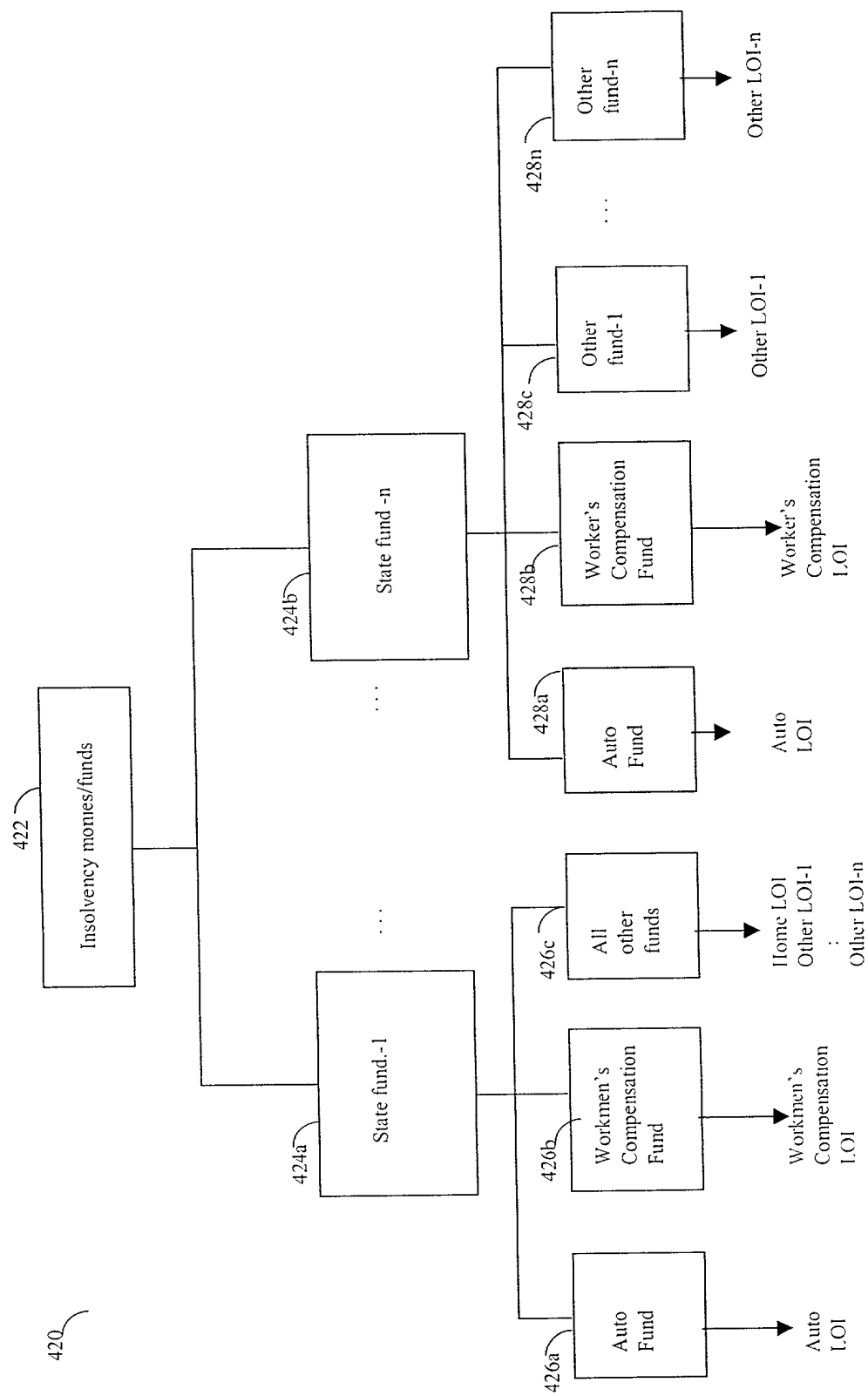


FIGURE 20

5007

Insolvency Mapping

Insolvency: Johnson Mutual Insurance Company

State Fund: NH

Insurance Account: Auto

Coverage List:

| Yes/No | Coverage Code | Coverage Description |
|--------|---------------|--|
| N | 305003 | Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit |
| N | 305006 | Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit-Aggregate |
| N | 305009 | Commercial Auto-Liability-Bodily Injury-Underinsured Motorist |
| N | 305012 | Commercial Auto-Liability-Bodily Injury-Uninsured Motorist |
| N | 305015 | Commercial Auto-Liability-Property Damage-Combined Single or Split Limit |
| N | 305018 | Commercial Auto-Liability-Property Damage-Combined Single or Split Limit-Aggregate |
| N | 305021 | Commercial Auto-Liability-Property Damage-Underinsured Motorist |
| N | 305024 | Commercial Auto-Liability-Property Damage-Uninsured Motorist |
| N | 305027 | Personal Injury Protection (PIP)-No Fault |
| N | 305030 | Medical Payments |
| N | 305033 | Comprehensive or Specified Perils |

Map/Unmap Save Close

504

502

Suba

Subb

Subc

FIGURE 21

510

514

Totals

State Fund: MA
Insolvency: Abington Mutual Insurance Company
Policy Number: HP020240000000000000

Claim Number: 12345678901234567890
GFMS Number: GF00000001
Date of Loss: 04/27/1999

Claimant: Bronson Klopfenstein

Coverage

Coverage List:

| Coverage | Loss Res. | Loss Paid | Loss Perid. | Exp. Res. | Exp. Paid | Exp. Pend. | Loss Recovery | Exp. Recovery | Offset |
|-----------------|--------------|-------------|-------------|-------------|------------|------------|---------------|---------------|----------|
| Benefits | \$300,000.00 | \$20,000.00 | \$2,000.00 | \$40,000.00 | \$4,000.00 | \$0 | \$1,000.00 | \$100.00 | \$500.00 |
| Medical Expense | \$11,000.00 | \$600.00 | \$0 | \$5,000.00 | \$1,000.00 | \$0 | \$1,000.00 | \$0 | \$0 |
| COLA | \$3,000.00 | \$500.00 | \$150.00 | \$1,000.00 | \$200.00 | \$50.00 | \$0 | \$0 | \$0 |
| Claimant Totals | \$314,000 | \$21,000 | \$2,150 | \$46,000 | \$5,200 | \$50 | \$2,000 | \$100 | \$500 |
| Claim Totals | \$600,000 | \$50,000 | \$10,000 | \$90,000 | \$15,000 | \$3,000 | \$7,000 | \$500 | \$1,000 |

Close

516

FIGURE 22

520

522

524

526

Totals

State Fund: MA Claim Number: 12345678901234567890

Insolvency: Abington Mutual Insurance Company GFMS Number: GF00000001

Policy Number: HP020240000000000000 Date of Loss: 04/27/1999

Claimant Coverage

Coverage: Benefits

Claimant List:

| Claimant | Loss Res | Loss Paid | Loss Pend. | Exp. Res | Exp. Paid | Exp. Pend. | Loss Recovery | Exp. Recovery | Offset |
|----------------------|--------------|-------------|------------|-------------|------------|------------|---------------|---------------|----------|
| Bronson Klopfenstein | \$300,000.00 | \$20,000.00 | \$2,000.00 | \$40,000.00 | \$4,000.00 | \$0 | \$2,000.00 | \$150.00 | \$600.00 |
| John Smith | \$200,000.00 | \$30,000.00 | \$3,000.00 | \$40,000.00 | \$5,000.00 | \$1,000.00 | \$0 | \$0 | \$0 |
| Coverage Totals | \$500,000 | \$50,000 | \$5,000 | \$80,000 | \$9,000 | \$1,000 | \$2,000 | \$150 | \$600 |
| Claim Totals | \$600,000 | \$60,000 | \$10,000 | \$90,000 | \$15,000 | \$3,000 | \$7,000 | \$500 | \$1,000 |

Close

FIGURE 23

Diary Detail

State Fund: RI Ins. Insolvency Fund

Insolvency: United Community Insurance Co.

Policy Number: WC 447824

Insured: South Kingstown School Dept.

Claimant: Jason Rodner

Claim Number: 435678

Date of Loss: 02/13/1999

User ID: gw1 Reviewer ID: df1

Diary Date: 05/10/1999 Review Date: 06/30/1999 OR Number of Days:

Comments: New Claim

Diary History List

| Diary Date | Review Date | Comments |
|------------|-------------|----------|
| | | |

Save Cancel

FIGURE 24

540 542 344 546 548 550 552

| | Action | Diary Type | Claim | Unearned Premium | Generic* |
|------------------|---|------------------------------|----------------|------------------|----------|
| Approval | • when a claim payment is deleted | Claim payment approval | ✓ | | |
| Approval | • when an unearned premium payment is deleted | Up payment approval | | ✓ | |
| Approval | • when the closing of a claim is rejected | Claim closing approval | ✓ | | |
| Approval | • when the closing of an unearned premium is rejected | Up closing approval | | ✓ | |
| Claim | • when a claim status is changed to "close" | Claim status changed | ✓ | | |
| Unearned Premium | • when an unearned premium status is changed to "close" | Up status changed | | ✓ | |
| LOI | • when a LOI is modified | Loi modified | | | ✓ |
| LOI | • when a LOI is deleted | Loi deleted | | | ✓ |
| Notes | • when a claim note is sent to a reviewer | Claim note | ✓ ¹ | | |
| Notes | • when a claimant note is sent to a reviewer | Claimant note | ✓ | | |
| Notes | • when an unearned premium note is sent to a reviewer | Up note | | ✓ | |
| Reserve | • when a reserve is adjusted for a claimant | Claim reserve | ✓ | | |
| Reserve | • when a reserve is adjusted for a unearned premium policy | Up reserve | | ✓ | |
| Taxpayer | • when a new taxpayer is added | New taxpayer | | | ✓ |
| Taxpayer | • when a taxpayer is modified | Modify taxpayer | | | ✓ |
| Claimant | • When the user enters or adjusts a reserve above a user's preset reserve aggregate or increment limit, then a diary is sent to a Claim Manager for approval. | Claimant reserve above limit | ✓ | | |

FIGURE 25

Copy

Handwritten text at the top of the page, possibly a header or title, which is mostly illegible due to blurring.

| | | |
|-----|-----|-----|
| 26B | 26C | 26D |
| 26E | 26F | 26G |
| 26H | 26I | 26J |

Figure 26A

Figure 26B

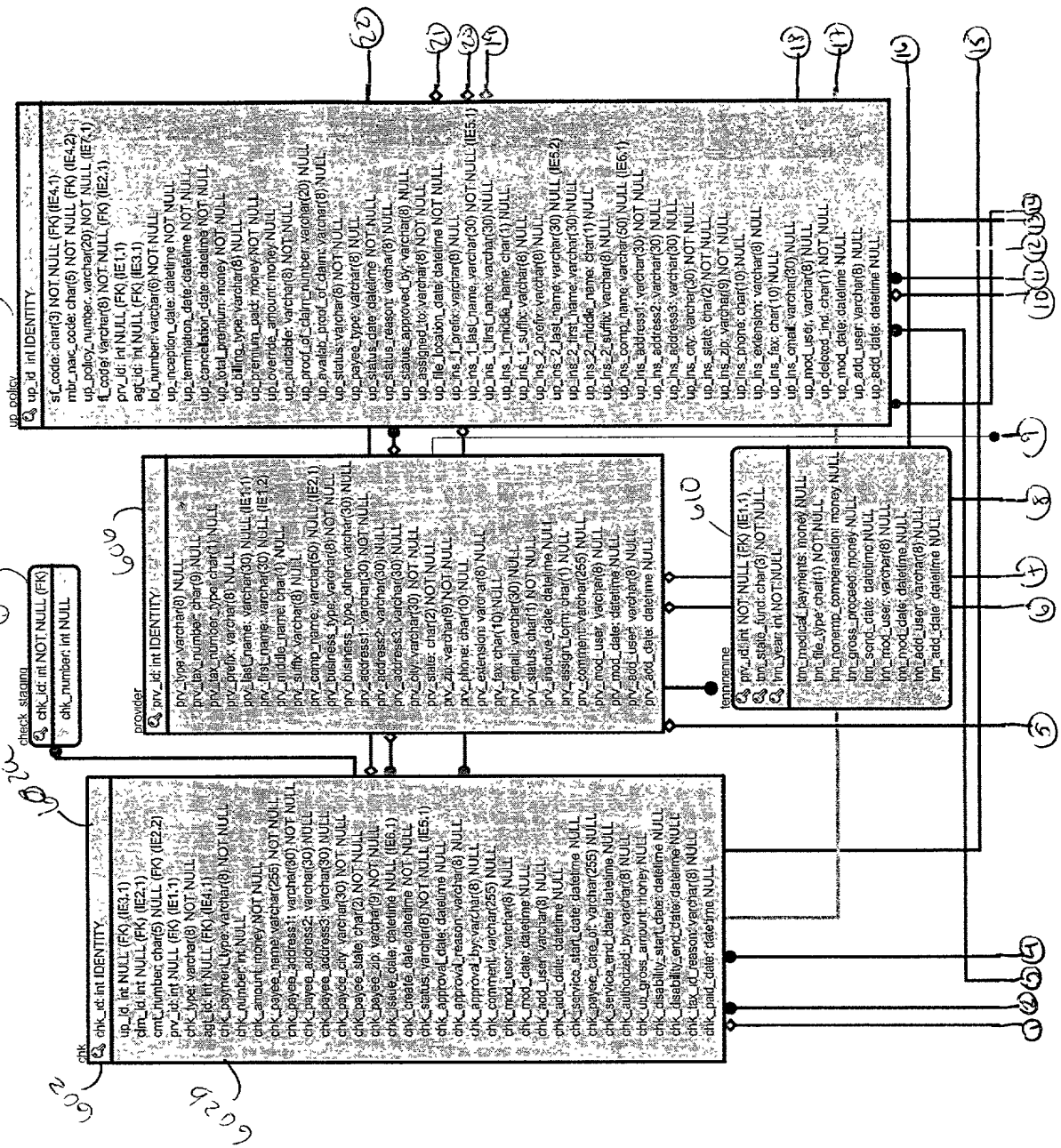
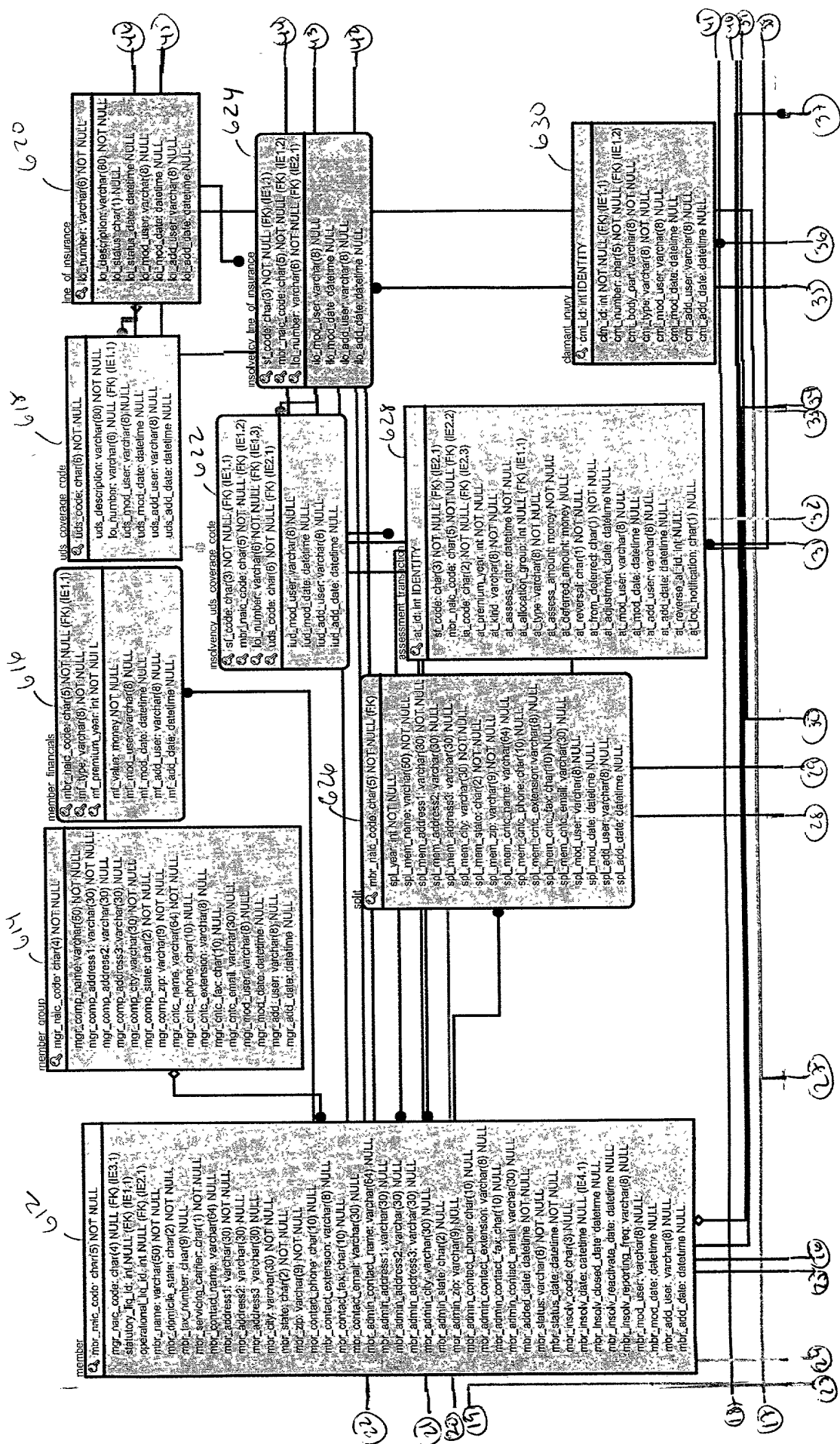
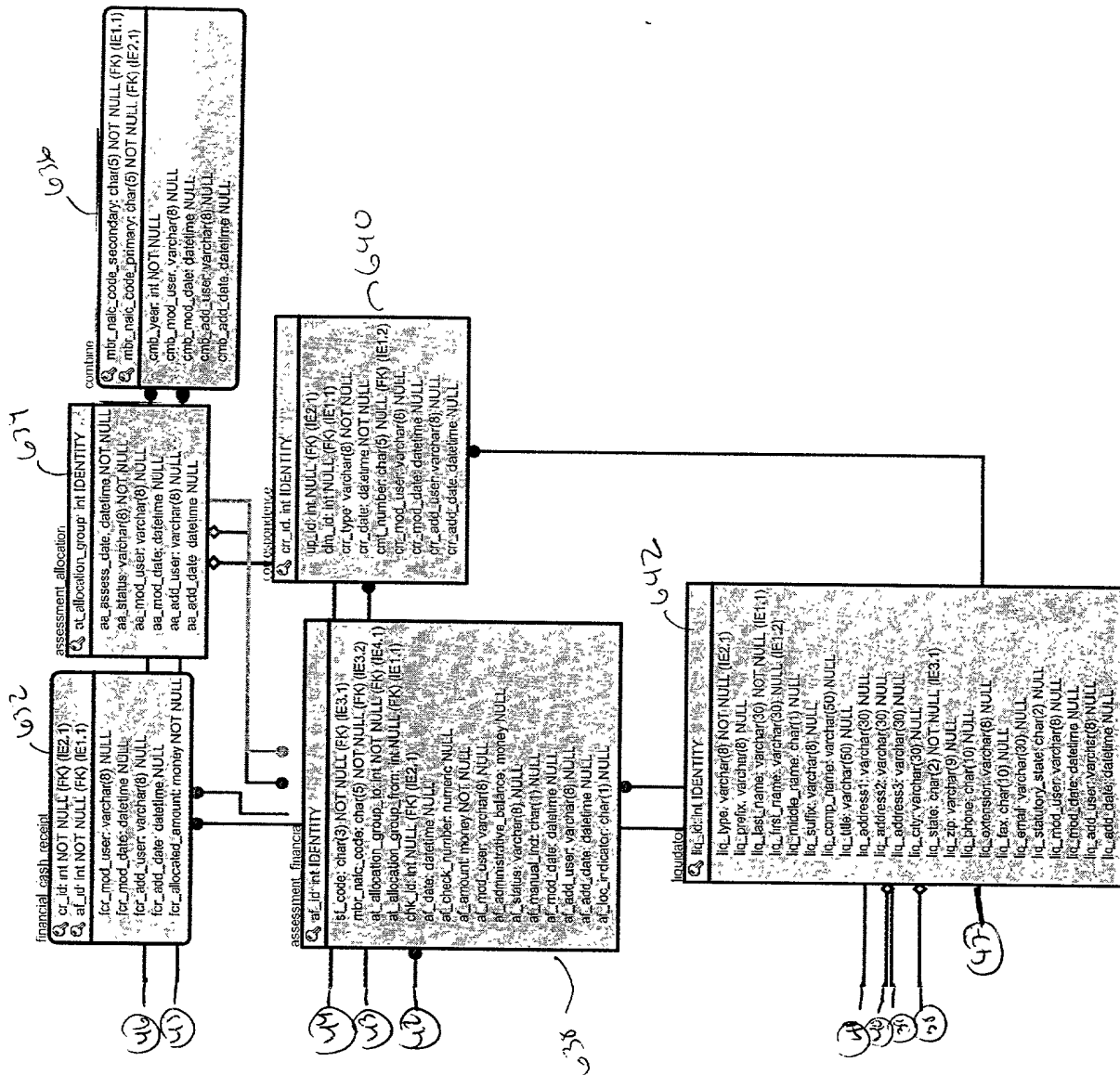


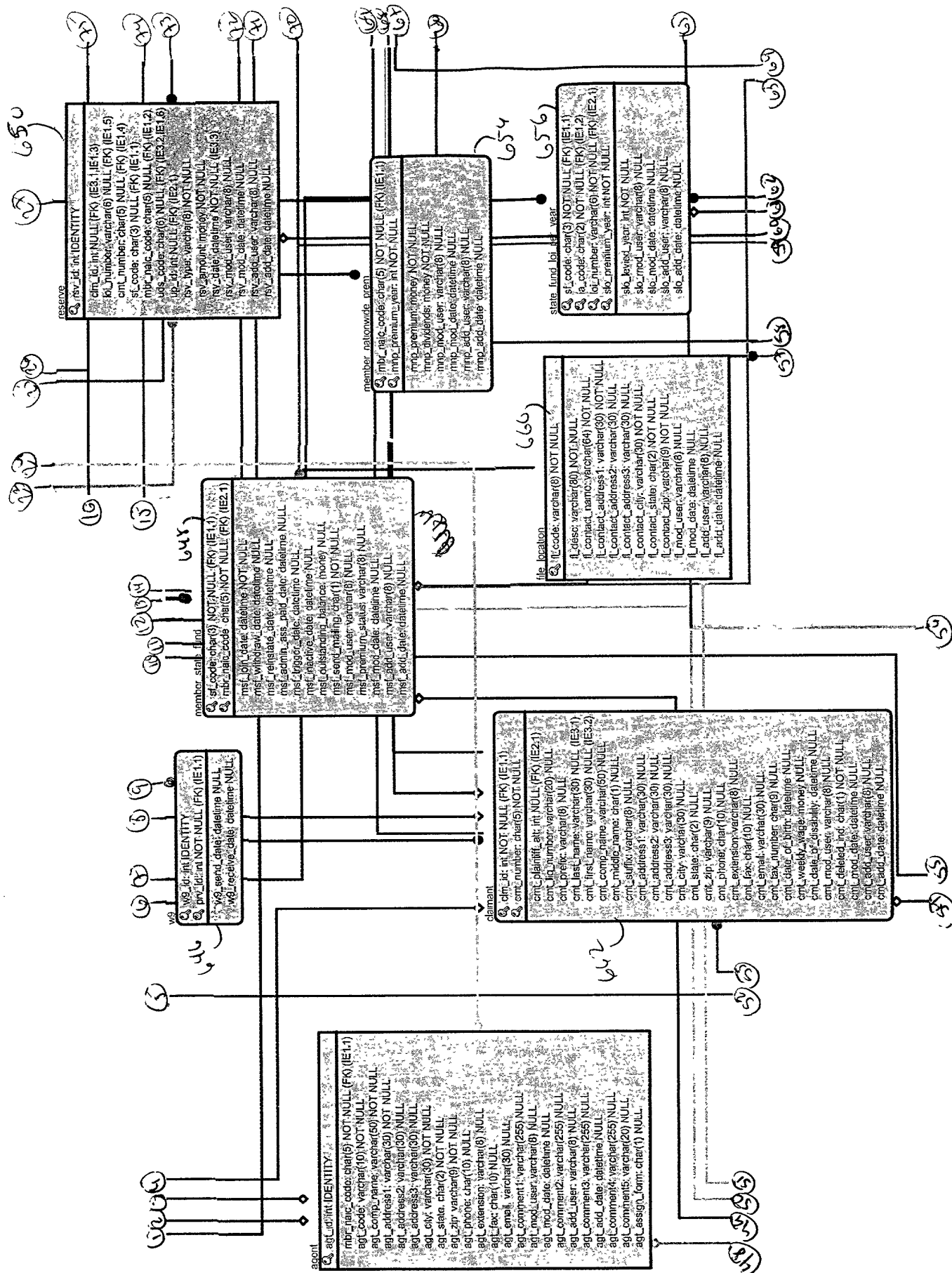
Figure 2

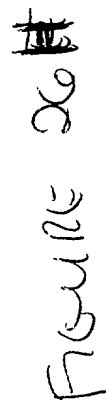


F 160000 2000



5



Figure 26 ~~III~~

609

UNITED STATES GOVERNMENT
OFFICE OF THE SECRETARY OF DEFENSE
WASHINGTON, D. C. 20301-6000

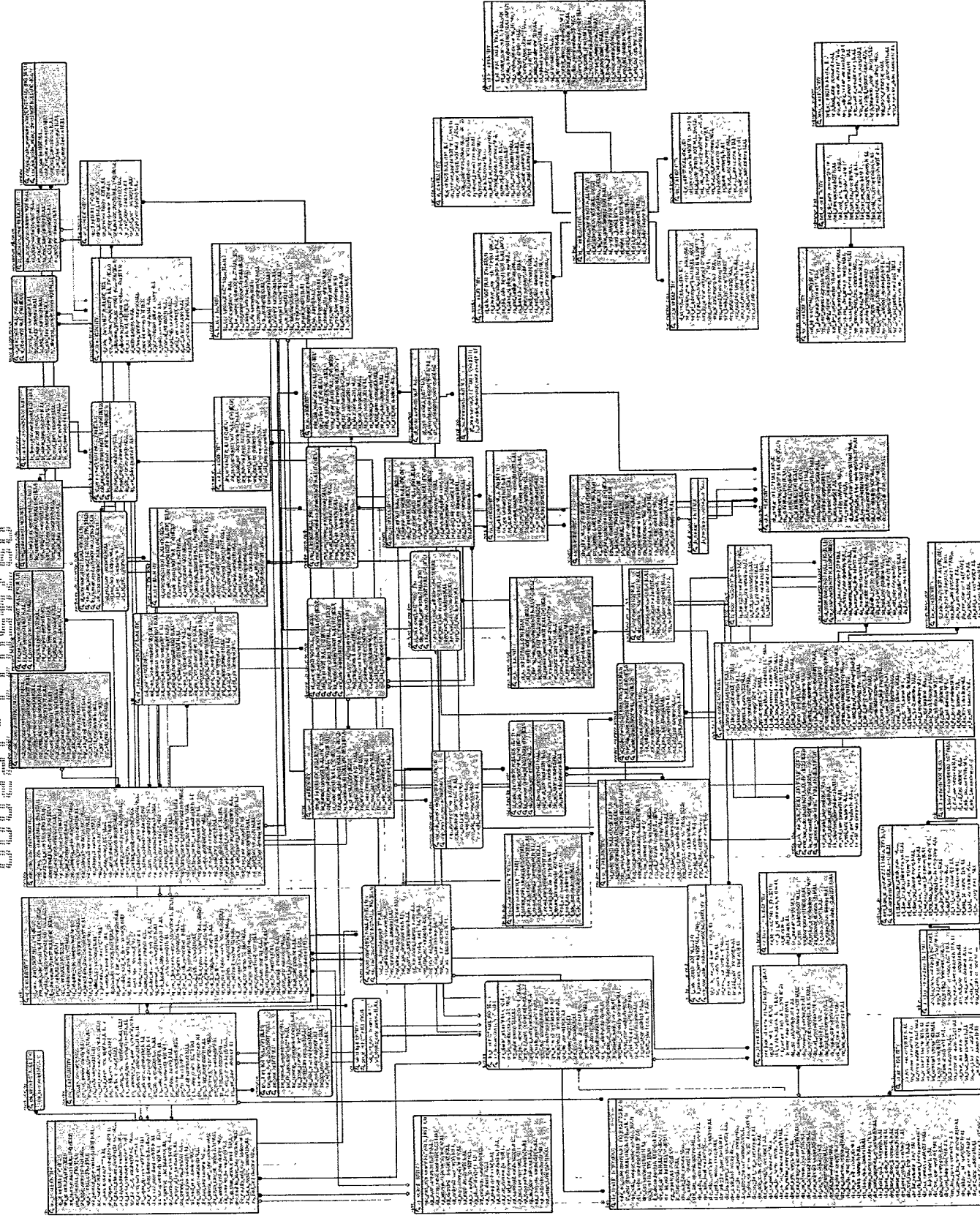


Figure 26 I

TABLE: naic_nationwide
TABLE: naic_load
TABLE: naic_net_income
TABLE: naic_surplus
TABLE: naic_load_audit

naic nationwide

| | | |
|-----------------------|------------|-----------------------|
| naic_id | int | NOT NULL (FK) (IE1.1) |
| nm_id | int | NOT NULL (FK) (IE1.1) |
| nm_premium_year | int | NOT NULL (AK1.1) |
| nm_sf_code | char(3) | NOT NULL (AK1.2) |
| nm_naic_code | char(5) | NOT NULL (AK1.3) |
| nm_line_number | varchar(7) | NULL |
| nm_insurer_licensed | money | NULL |
| nm_gross_premium | money | NULL |
| nm_dividend | money | NULL |
| nm_direct_loss_unpaid | money | NULL |
| nm_federal_premium | money | NULL |
| nm_loaded_ind | char(1) | NULL |
| nm_status | varchar(8) | NULL |
| nm_mod_user | varchar(8) | NULL |
| nm_mod_date | datetime | NULL |
| nm_add_user | varchar(8) | NULL |
| nm_add_date | datetime | NULL |

naic load

| | | |
|-------------------|------------|------------------|
| nl_id | int | IDENTITY |
| nl_premium_year | int | NOT NULL (AK1.1) |
| nl_sf_code | char(3) | NOT NULL (AK1.2) |
| nl_file_type | varchar(8) | NOT NULL (AK1.3) |
| nl_status_date | datetime | NOT NULL |
| nl_records_staged | int | NOT NULL |
| nl_records_loaded | int | NULL |
| nl_status | varchar(8) | NOT NULL |
| nl_mod_user | varchar(8) | NULL |
| nl_mod_date | datetime | NULL |
| nl_add_user | varchar(8) | NULL |
| nl_add_date | datetime | NULL |

naic member prem

| | | |
|-----------------|------------|-----------------------|
| nm_id | int | IDENTITY |
| nm_id | int | NOT NULL (FK) (IE1.1) |
| nm_premium_year | int | NOT NULL (AK1.1) |
| nm_sf_code | char(3) | NOT NULL (AK1.2) |
| nm_naic_code | char(5) | NOT NULL (AK1.3) |
| nm_line_number | varchar(7) | NOT NULL (AK1.4) |
| nm_premium | money | NOT NULL |
| nm_dividend | money | NOT NULL |
| nm_unpaid_loss | money | NOT NULL |
| nm_loaded_ind | char(1) | NULL |
| nm_status | varchar(8) | NULL |
| nm_mod_user | varchar(8) | NULL |
| nm_mod_date | datetime | NULL |
| nm_add_user | varchar(8) | NULL |
| nm_add_date | datetime | NULL |

naic demographics

| | | |
|-------------------|-------------|-----------------------|
| nd_id | int | NOT NULL (FK) (IE1.1) |
| nd_premium_year | int | NOT NULL (AK1.1) |
| nd_naic_code | char(5) | NOT NULL (AK1.2) |
| nd_company_name | varchar(36) | NULL |
| nd_filing_type | char(1) | NULL |
| nd_company_type | char(4) | NULL |
| nd_firm | char(11) | NULL |
| nd_state | char(2) | NULL |
| nd_domestic | char(2) | NULL |
| nd_address | varchar(40) | NULL |
| nd_city | varchar(30) | NULL |
| nd_state | char(2) | NULL |
| nd_zip | varchar(10) | NULL |
| nd_contact_person | varchar(30) | NULL |
| nd_contact_phone | varchar(19) | NULL |
| nd_officer_name | varchar(30) | NULL |
| nd_comm_bus_date | varchar(10) | NULL |
| nd_group_code | char(5) | NULL |
| nd_group_name | varchar(50) | NULL |
| nd_company_status | char(1) | NULL |
| nd_canadian | char(1) | NULL |
| nd_loaded_ind | char(1) | NULL |
| nd_status | varchar(8) | NULL |
| nd_mod_user | varchar(8) | NULL |
| nd_mod_date | datetime | NULL |
| nd_add_user | varchar(8) | NULL |
| nd_add_date | datetime | NULL |
| nd_country | varchar(25) | NULL |

naic net income

| | | |
|-----------------------|------------|-----------------------|
| ni_id | int | IDENTITY |
| ni_id | int | NOT NULL (FK) (IE1.1) |
| ni_premium_year | int | NOT NULL (AK1.1) |
| ni_sf_code | char(3) | NOT NULL (AK1.2) |
| ni_naic_code | char(5) | NOT NULL (AK1.3) |
| ni_current_net_income | money | NULL |
| ni_prior_net_income | money | NULL |
| ni_loaded_ind | char(1) | NULL |
| ni_status | varchar(8) | NULL |
| ni_mod_user | varchar(8) | NULL |
| ni_mod_date | datetime | NULL |
| ni_add_user | varchar(8) | NULL |
| ni_add_date | datetime | NULL |

naic surplus

| | | |
|--------------------|------------|-----------------------|
| ns_id | int | IDENTITY |
| ns_id | int | NOT NULL (FK) (IE1.1) |
| ns_premium_year | int | NOT NULL (AK1.1) |
| ns_sf_code | char(3) | NOT NULL (AK1.2) |
| ns_naic_code | char(5) | NOT NULL (AK1.3) |
| ns_current_surplus | money | NULL |
| ns_prior_surplus | money | NULL |
| ns_loaded_ind | char(1) | NULL |
| ns_status | varchar(8) | NULL |
| ns_mod_user | varchar(8) | NULL |
| ns_mod_date | datetime | NULL |
| ns_add_user | varchar(8) | NULL |
| ns_add_date | datetime | NULL |

naic load audit

| | | |
|-------------------|------------|----------|
| nl_audit_id | int | IDENTITY |
| nl_id | int | NOT NULL |
| nl_premium_year | int | NOT NULL |
| nl_sf_code | char(3) | NOT NULL |
| nl_file_type | varchar(8) | NOT NULL |
| nl_status_date | datetime | NOT NULL |
| nl_records_staged | int | NOT NULL |
| nl_records_loaded | int | NULL |
| nl_status | varchar(8) | NOT NULL |
| nl_mod_user | varchar(8) | NULL |
| nl_mod_date | datetime | NULL |
| nl_add_user | varchar(8) | NULL |
| nl_add_date | datetime | NULL |
| nl_del_user | varchar(8) | NULL |
| nl_del_date | datetime | NULL |

FIGURE 27

